

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 162
Registered No. 45

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Lideon Church
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other no 6. Legitimate? yes 7. Date of birth March 11, 1929
Month Day Year

8. FATHER
Full name Willard Church
9. Residence (Usual place of abode) Salt Lake City, Utah
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 32 (Years)

12. Birthplace (city or place) New York City
(State or country)

13. Occupation
Nature of industry Salesman

14. MOTHER
Full maiden name Gladys Lideon
15. Residence (Usual place of abode) Salt Lake City, Utah
If non-resident, give place and state.
16. Color or race white
17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Elvins, Missouri
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother one
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living one
(b) Born alive but now dead none
(c) Stillborn none
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 p.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. E. Harper
physician
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address Globe, Arizona
Filed 4/8 1929 S. E. Wightline Registrar

138-311-115

ALL ORIGIN must be given birth stated.